

Office of Senator Jeff Sessions Application for Internship

Please complete and return by February 7 to:

Senator Jeff Sessions
Intern Program
United States Senate
493 Russell Building
Washington, DC 20510-0104

Full Name: _____

Age: _____ **Date of Birth:** _____ **Social Security Number:** _____

Permanent Address _____

Home Telephone: _____

Current Address: _____

Current Telephone: _____ **E-mail Address:** _____

College or University Attending: _____

Current Academic Status (Fr., Soph., Jr., Sr.): _____

Academic Major: _____ **GPA:** _____

Advisor's name and daytime telephone: _____

Do you seek academic credit for this internship? * If yes, no stipend will be received _____

Desired Summer Internship Session: (please indicate 1st, 2nd, and 3rd choice)

_____ **May 19- June 13**

_____ **June 16- July 11**

_____ **July 14- August 8**

Are you applying with any other Congressional Offices (House or Senate), or with an agency for an internship? If so please specify: _____

Parents/ Guardian: _____

(Please list the first names of both parents if applicable)

Father's name and address: _____

Occupation: _____ Daytime phone: _____

Mother's name and address: _____

Occupation: _____ daytime phone: _____

List any specific areas of the Senate or government that you would like to give major attention to during your internship: _____

Activities and Honors: _____

ACADEMIC INFORMATION: schools attended, beginning with current school

<u>School</u>	<u>Address</u>	<u>Dates Attended</u>
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OCCUPATIONAL INFORMATION: job or volunteer experience, beginning with most recent

List Three References (Include address and phone #):

**PLEASE ATTACH A ONE-PAGE ESSAY DETAILING YOUR INTEREST IN
APPOINTMENT TO THIS INTERNSHIP.**

If selected, I hereby agree to abide by the rules and regulations for congressional employees and the office of Senator Jeff Sessions.

Signature of Applicant _____ Date _____